

2018 Scholarship Nomination Form
TYPE all information in the textboxes provided
 Submit your application to: kinscholarship@lsu.edu
DEADLINE: October 12, 2018 – 3:00 pm

Name: <small>(First, MI, Last):</small>		Gender:		Phone #:		Email:	
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Current Mailing Address:		Permanent Mailing Address:		Were you born in Louisiana?	Yes	No
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*Classification: <i>HSE 2; HSE 3; HSE 4</i>		*Are you a full-time student?	Yes	No	*LSU GPA:	
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*Degree: <i>KIN, ATRN, SPADM</i>		*Concentration:		*Cumulative GPA:	
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**Information can be found on your official degree audit; proof will be required if awarded a scholarship*

<p>Service: <i>(e.g. structured activities and events such as charity walks/runs, blood drives, etc. and other organized campus or community events)</i></p> <ul style="list-style-type: none"> • Indicate level of participation • Designate between LSU affiliated activities and other organization activities

<p>LSU Organization Affiliations <i>(e.g. memberships, leadership roles, committees or other level of participation, etc.)</i></p>

Professional Organization Affiliations and Activities

(e.g. memberships, offices held, conferences attended, presentations, certifications or other level of participation)

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Essay Questions:

Please discuss your long-term professional goals and aspirations. Include any special attributes, accomplishments and academic course experiences that have impacted your goals. (200 word limit)

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From a financial standpoint, what impact would the scholarship have on your education? (100 word limit)

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Reference:

Provide the name, phone number and email address of one ACADEMIC reference that can be contacted by the committee.

Name:		Phone #:		Email Address:	
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